CITY OF SOUTH GATE – REQUEST FOR PAYMENT PLAN

WATER DIVISION

PLEASE READ THE ENTIRE FORM COMPLETELY PRIOR TO SIGNING

To apply for a WATER DIVISON PAYMENT PLAN, PLEASE FILL IN THE TOP PORTION OF THIS FORM.

- To obtain a payment plan, a payment must be made at the time of the application.
- Once the form is filled out, please return to staff in person or email – customerhelp@sogate.org. If emailing, please provide a valid copy of your driver's license or identification card.
- Failure to make the payments as schedule will result in the balance becoming due and immediately payable.
- Please note by signing this form and requesting a payment plan you are agreeing to make payments as per this agreement.

ACCOUNT ADDRESS:_____

OWNER (1) _____**OWNER (2)**_____

MAILING ADDRESS: (IF DIFFERENT FROM ABOVE)

_____

TELEPHONE: (HOME)_____ (CELL)_____(WORK)_____

IDENTIFICATION:

CA Driver's License or CA Identification#_____ **Expiration date**_____

SOCIAL SECURITY NUMBER_____

I am aware the balance of $ _____ *must be made on* _____ *and have had this payment explained to me.* ***By signature****,* ***I am agreeing to this payment plan and agree to make all the payments****.*

SIGNATURE OF CUSTOMER: _____

OFFICE USE ONLY*************************************

UB ACCOUNT #_____ **WATER STAFF**_____

TOTAL AMOUNT DUE $_____

DUE DATE	PAYMENTS	AMOUNT	PAID CASH/CHECK	RECEIVED BY

APPROVED BY: _____**DATE:**_____